Name in Full Samuel Aukard — Certificate of Death

Died at Town Dickerson County Montgomery MARYLAND

Date 1904 Month July Day 24 | Age Y. 67 M. D. | Nature of Old | Occupation Laborer

Male ~~Female~~ | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ Number of children living 2

Husband / Wife of —

Father's Name Elijah Aukard | Mother's Name —

Cause of Death — Primary: Brights Disease — How long sick 1 year

Immediate: Dropsy & heart failure — Accident, Suicide, Homicide

Reported by J. F. Shoultz

Address Barnesville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, F5968

Name in Full: Edith Elizabeth Hallowell Williams — Bowen

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Olney — County: Montgomery

Date of death: Month: July — Day: 17 — Years: 1904 — Age: 20 — Months: 5 — Days: 14

Sex: Female — Color or Race: Colored — Birthplace: Montg. Co. Md.

Occupation: Cook — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Henson Bowen

Father's Name: William Henry Williams — Father's Birthplace: Montg. Co. Md.

Mother's Maiden Name: Mary Jane Lee — Mother's Birthplace: Montg. Co. Md.

Name of person giving In formation: Mary Jane Lee — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pulmonary Tuberculosis — How long: About two years

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas. Farquhar.

Address: Olney Md.

Accident or Suicide?

LIBRARY BUREAU A66016

Name in Full: Geo. Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Fairland — County: Montgomery — MARYLAND

Date of death: 1904 — Month: July — Day: 27 — Age: Years: 98 — Months: 8 — Days: 0

Sex: Male — Color or Race: Colored — Birthplace: Md.

Occupation: Laborer — Where Residing if not at place of death:

Married, Single or Widowed: Widower — Name of Wife or Husband:

Father's Name: Unknown — Father's Birthplace:

Mother's Maiden Name: " " — Mother's Birthplace:

Name of person giving In formation: F. Litcher Mathias — How related to deceased: Not at all

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General Senility — How long: 1 to 4

Immediate: Prostration — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. T. Brown.

Address: Burnt Mills Md.

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full

Certificate of Death

John Brown

Died at Bethesda Town Montgomery County MARYLAND

Date 1904 Month July Day 28 Age Y. 4 M. D. Native of D C Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of

Wife

Father's Name Unknown

Mother's Name Unknown

Cause of Death — Primary Marasmus

Immediate Exhaustion

How long sick ?

Accident, Suicide, Homicide

Reported by V. Greenway M.D.

Address 133 2nd St. NW.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: George W. Carter

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Avery; County: Montgomery

Date of death: Month: July; Day: 28th; 1904

Age: Years: 39; Months: 5; Days: 20

Sex: Male

Color or Race: White

Birthplace: Maryland

Occupation: Carpenter

Where Residing if not at place of death: Avery, Md.

Married, Single or Widowed: Married

Name of Wife ~~or Husband~~: Betty J. (Mathers) Carter

Father's Name: Fenton Carter

Father's Birthplace: Maryland

Mother's Maiden Name: Jane Carter

Mother's Birthplace: Maryland

Name of person giving Imformation: Walter J. Mathers

How related to deceased: Brother-in-law.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis — How long: 3 years

Immediate: Exhaustion (Heart failure) — How long: 1 week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: George E. Lewis M.D.

Address: Rockville, Md.

Accident or Suicide? No

LIBRARY BUREAU A88516

Name in Full: Florence Davis

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Washington County: D.C.

Date of death: Month: 7 Day: 17 1904

Age: Years: 43 Months: Days:

Sex: Female Color or Race: Negro Birthplace: Poolesville

Occupation: Housewife Where Residing if not at place of death: Buck Lodge Md.

Married, Single or Widowed: Name of Wife or Husband: Lem Davis

Father's Name: Lem Hebrons Father's Birthplace: Poolesville Md.

Mother's Maiden Name: Emily Hebrons Mother's Birthplace: Poolesville Md.

Name of person giving Information: Physician How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer uteri How long: 6 mo.

Immediate: Shock following ferdin How long: 12 hrs.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H W Bonner Md.

Address:

Accident or Suicide?

LIBRARY BUREAU A88918

Name in Full — Certificate of Death

Emanuel Dodson

Town — County

Died at Norwood — Montgomery — MARYLAND

Date Died	Month	Day	Age Y.	M.	D.	Native of	Occupation
1904	7	17	—	6	—	Md	—

Male ~~Female~~ — ~~White~~ Colored — ~~Married~~ Single — ~~Widow~~ Widower — Divorced — Number of children living one

Husband of Wife —

Father's Name Henry Dodson — Mother's Name Emma Dodson

Cause of Death — Primary: Marasmus — How long sick: 4 months

Immediate: Summer Diarrhea — Accident, Suicide, Homicide

Reported by Roger Brooke

Address Sandy Spring Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Nelson Loomis

Name in Full

Certificate of Death

John Owen Henderson

Town

County

Died at Bethesda MARYLAND

Date 189~~0~~4 Month July Day 7th

Age	Y.	M.	D.	Native of	Occupation
	8	12		D.C.	

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of

Wife

Father's Name Unknown

Mother's Name Unknown

Cause of Death: Primary Acute Convulsions — How long sick ?

Immediate Exhaustion

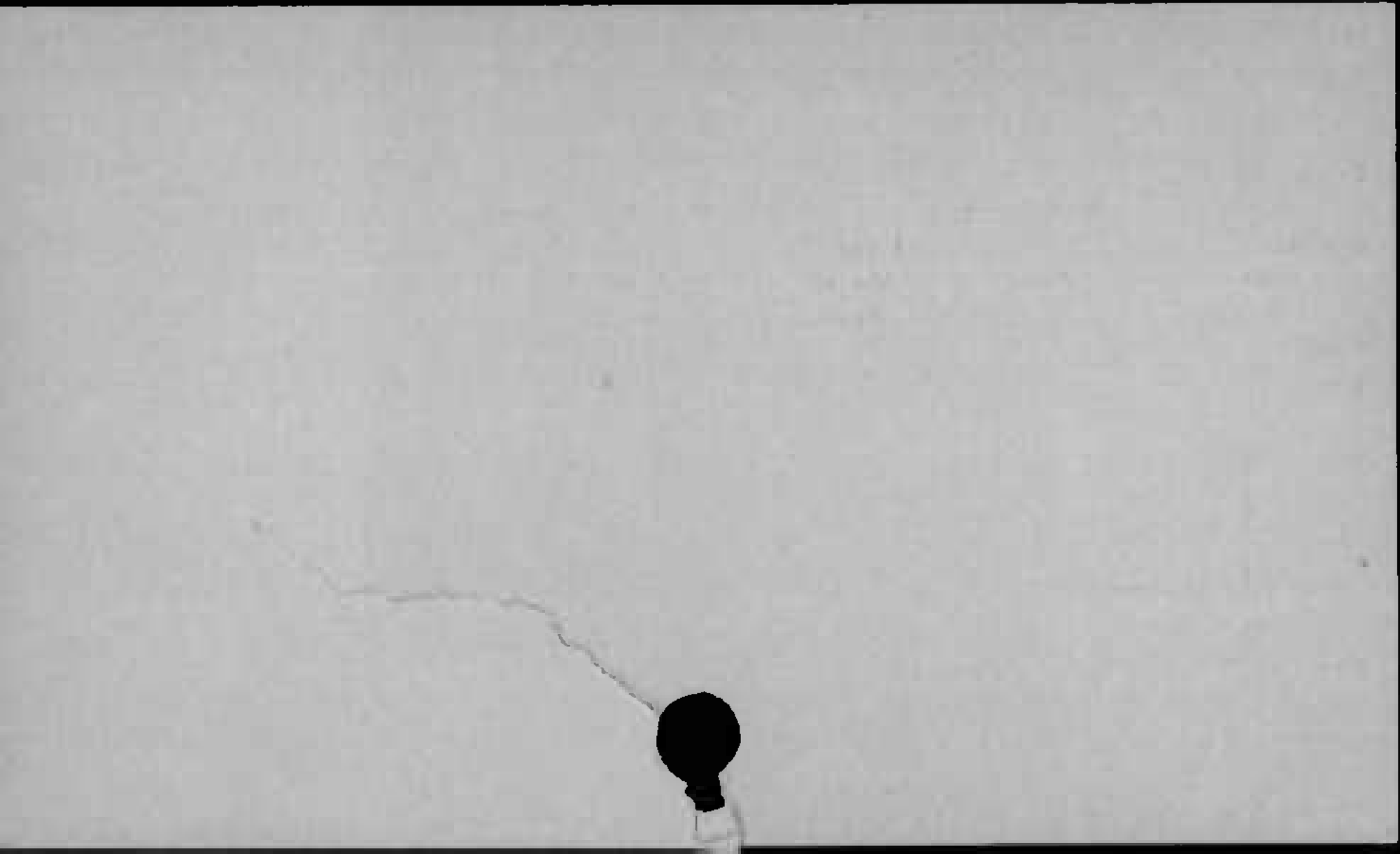
Accident, Suicide, Homicide

Reported by J. B. Thomas M.D.

Address 1930 - 1st. N.W.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Marcus Houghton Hall

Town

Bethesda

County

Montgomery

Died at

MARYLAND

1914

Month July Day 26

Y. 2 M. 6 D.

Native of D C

Occupation

Date 189

Age

Male

White

~~Married~~

~~Widow~~

~~Divorced~~

~~Female~~

~~Colored~~

Single

~~Widower~~

~~Number of children living~~

Husband of

Wife

Father's Name Unknown

Mother's Name Unknown

Cause of Death

Primary Acute Endocarditis

How long sick ?

Immediate Exhaustion

Accident, Suicide, Homicide

Reported by W. Isaacs M.D.

Address 3330 P St. N.W.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full: Eugene Harris

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Linden — County: Montgomery

Date of death: Month: July — Day: 25 — Years: 4 — Months — Days

Sex: Male — Color or Race: Black — Birthplace: Md

Occupation: None — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Wm Harris — Father's Birthplace: Va

Mother's Maiden Name: Emma Lewis — Mother's Birthplace: Md

Name of person giving Information: Robert Harris — How related to deceased: Uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Meningitis — How long: two days

Immediate: Meningitis — How long: two days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Eugene Lewis

Address: Rockville Md

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full

Certificate of Death

Edward LeRoy Hammond

Town

County

Died at Baltimore Baltimore MARYLAND

1904 Month Day | Y. M. D. | Native of | Occupation

Date 189- July 14 | Age 11-5- | D C

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of

Wife

Father's Name Unknown

Mother's Name Unknown

Cause of Death — Primary: Cardiditis

Immediate: Exhaustion

How long sick ?

Accident, Suicide, Homicide

105

Reported by J. C. Isaacson M.D.

Address 1380 Dolphin St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Elizabeth Ann Houser.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Poolesville — County: Montgomery

Date of death: 1904 — Month: July — Day: 22nd — Age: Years: 53 — Months: X — Days: X

Sex: Female — Color or Race: White — Birthplace: Virginia

Occupation: Housewife — Where Residing if not at place of death: X

Married, Single or Widowed: Married — Name of Wife or Husband: Levi Houser.

Father's Name: X — Father's Birthplace: X

Mother's Maiden Name: X — Mother's Birthplace: X

Name of person giving Information: Edward P. Houser — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Hemorrhage — How long: 18 hours

Immediate: Apoplexy — How long: X

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. J. Peath M.D.

Address: Poolesville. Md.

Accident or Suicide? X

LIBRARY BUREAU A88816

Name in Full: Mary Margaret Jeffres

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Potomac; County: Montg.

Date of death: 1904 July 28

Age: Years: X; Months: 3; Days: X

Sex: female

Color or Race: White

Birthplace: Wash' D.C.

Occupation: X

Where Residing if not at place of death: X

Married, Single or Widowed: Single

Name of Wife or Husband: X

Father's Name: Manuel Jeffres

Father's Birthplace: Ind.

Mother's Maiden Name: Anna T. Higgins

Mother's Birthplace: Md.

Name of person giving Imformation: W. C. Higgins

How related to deceased: Uncle.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Unknown — History of sickness since date of birth.

How long: 1 y.

Immediate: "

How long:

Are the name, age, sex, color. date and place correctly given above?

Yes

Signature of Physician: None ever in attendance

Address: W. F. Pratt sub-reg Potomac Md.

Accident or Suicide? X

LIBRARY BUREAU A6881G

Name in Full

Certificate of Death

James E Johnson

Town

Howard

County

Montgomery Co.

MARYLAND

Died at

Month Day

Y. M. D.

Native of

Occupation

Date 1904 7 21

Age - 9 20

Md

—

Male

~~Female~~

~~White~~

Colored

~~Married~~

Single

~~Widow~~

Widower

~~Divorced~~

~~Number of children living~~ 4

Husband

Wife

of

Father's Name

Samuel W Johnson

Mother's Name

Carrie Hardy Johnson

Cause of Death

Primary

Marasmus

How long sick

Some months

Immediate

Heat -

Accident, Suicide, Homicide

Reported by

Roger Brooke

Address

Sandy Spring

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70708

Name in Full

Certificate of Death

James Horace Lyles

Died at Town: Poolesville County: Montgy MARYLAND

Date 19 04 Month: July Day: 5

Age Y. 34 M. 11 D. 14

Native of: Md

Occupation: Laborer

Male / ~~Female~~

~~White~~ / Colored

~~Married~~ / Single

~~Widow~~ / ~~Widower~~

~~Divorced~~ / ~~Number of children living~~

Husband / Wife of

Father's Name: George Lyles

Mother's Maiden Name: Rachael Green

Cause of Death:

Primary

Immediate: Mitral Heart disease

How long sick: 19

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: B. W. Walling

Address: Poolesville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Mary Marlow

Died at Town: Ashton County: Montgomery MARYLAND

Date 1907 Month: July Day: 3rd Age: Y. 52 M. D. Native of: Md Occupation: Housewife

~~Male~~ Female White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living: One

~~Husband~~ Wife of Jno. Marlow

Father's Name: Moses Thompson Mother's Name: Catharine Lyddane

Cause of Death: Primary: Gastric Cancer How long sick: 4 mos.

Immediate: ~~Accident, Suicide, Homicide~~

Reported by: W. F. Green, M.D.

Address: Brookeville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

Certificate of Death

Lawrence Mason

Town

County

Died at Bethesda Montgomery MARYLAND

1904 Month Day | Y. M. D. | Native of | Occupation

Date 189- July 21 | Age 6 | D.C.

Male | White | ~~Married~~ | ~~Widow~~ | ~~Divorced~~

~~Female~~ | ~~Colored~~ | Single | ~~Widower~~ | ~~Number of children living~~

Husband of

Wife

Father's Name Unknown

Mother's Name Unknown

Cause of Death — Primary: Gastro Enteritis — How long sick ?

Immediate: Exhaustion 105

Accident, Suicide, Homicide

Reported by T B Gaston M.D.

Address 1201 L St. NW

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Laura Mobley

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Dickerson — County: Montgomery

Date of death 1904: Month: 7 — Day: 2 — Age: Years: 40 — Months: 2 — Days:

Sex: Female — Color or Race: White — Birthplace: Barnesville

Married, Single or Widowed: Married — Occupation: House wife

Name of Wife or Husband: Malcolm Mobley

Father's Name: Ezra Cole — Father's Birthplace: Maryland

Mother's Maiden Name: — — Mother's Birthplace: Virginia

Name of person giving information: Malcolm Mobley — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Grippe Pneumonia — How long: 4 weeks

Immediate: Tuberculosis — How long: 8 months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. H. Stonebraker

Address: Barnesville Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: William Thomas Mobley

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Kunsey Ton — County: Mont Gy

Date of death 1904: Month: July — Day: 11 — Years: Age 23 — Months — Days —

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: Lab. — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Viola Lewis Mobley

Father's Name: Chas. Mobley — Father's Birthplace: Md

Mother's Maiden Name: Margaret Hanley — Mother's Birthplace: Md

Name of person giving In formation: Viola Mobley — How related to deceased: wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tubercalosis — How long: 1 yr

Immediate: Ex Lanstrin — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. L. Lewis

Address: Kunsey Md

Accident or Suicide?

LIBRARY BUREAU A86816

Name in Full: Edward J. Nalle

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Takoma Park | County: Monty Co

Date of death 1906 | Month: July | Day: 26 | Years: 30 | Months | Days

Sex: Male | Color or Race: Colored | Birthplace: Md

Occupation: Laborer | Where Residing if not at place of death: D.C. near Takoma Rx

~~Married~~, Single or ~~Widowed~~ | Name of Wife or Husband

Father's Name | Father's Birthplace: Md

Mother's Maiden Name | Mother's Birthplace: Md

Name of person giving Information | How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gunshot wound | How long

Immediate: Ysa | How long

Are the name, age, sex, color, date and place correctly given above? Corrected by W.H.F. See other side

Signature of ~~Physician~~ Coroner: Thomas Feeney J.P.

Address: Takoma Park

~~Accident or Suicide~~? Murder

LIBRARY BUREAU A88816

The undersigned acting as Coroner for the state of Maryland on the 24th of July 1904 held inquest over the body of the deceased Edwin J. Nalle.

Dr. A. V. Parsons of the District of Columbia performed the autopsy. The verdict of the jury was to the effect that the deceased had been murdered by one Arthur Robinson. He was shot with a revolver and death resulted instantly. He was killed within Montgo[illegible] Md but his residence was within the District of Columbia near Takoma Station

Horner Gurry J.P.

Name in Full: A Baker Nicholson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Dickerson — County: Montgomery

Date of death 1904 — Month: July — Day: 1

Age — Years: 5 — Months: two — Days:

Sex: Male — Color or Race: White — Birthplace:

Married, Single or Widowed: Married — Occupation: Retired Merchant

Name of Wife or Husband: Elizabeth Corby

Father's Name: Baker Nicholson — Father's Birthplace: —

Mother's Maiden Name: Katharine Fitch — Mother's Birthplace:

Name of person giving Information: A S Orme — How related to deceased: Family Related

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 6 days

Immediate: Mitral Insufficiency — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J.H. Stonestreet

Address: Barnesville Md

Accident or Suicide?

LIBRARY BUREAU A66316

Name in Full

Certificate of Death

Thelma Adams

Died at Town Betherden County Montgomery MARYLAND

Date 189 1904 Month July Day 2nd Age Y. 6 M. 7 D. Native of DC Occupation

~~Male~~ Female White ~~Colored~~ ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name Unknown

Mother's Name Unknown

Cause of Death: Primary Marasmus 151 How long sick ?

Immediate Exhaustion

Accident, Suicide, Homicide

Reported by J. B. Swaney M.D.

Address 4330 Del. Ave.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: John H. Pickell

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Chevy Chase — County: Mont'y Co

Date of death 1904 — Month: 4 July — Day: 22

Age — Years: 63 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Maryland

Occupation: Clerk in War Dep't — Where Residing if not at place of death:

Married, Single or Widowed: Widower — Name of Wife or Husband:

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Indigestion — How long: Less than one day

Immediate: Neuralgia of Heart

Are the name, age, sex, color, date and place correctly given above?

Copied by W.A.F.

Accident or Suicide?

Signature of Physician: J.D. Morgan M.D.

Address: 919 - 15th St. N.W. Wash. D.C.

LIBRARY BUREAU A88816

Name in Full

Certificate of Death

Ruth Gray Poore

Town

County

Died at Bethesda Montgomery MARYLAND

1904 Month Day Y. M. D. Native of Occupation

Date 189 July 3rd Age 4 - 7 D.C.

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single Widower Number of children living

Husband of

Wife

Father's Name Unknown

Mother's Name Unknown

Cause of Death: Primary Malnutrition / 6 / How long sick ?

Immediate Exhaustion

Accident, Suicide, Homicide

Reported by J. B. Isaacson M.D.

Address 1330 1st St. Ny.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Matilda Prater

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Poolesville; County: Montgomery

Date of death: Month: July; Day: 11; 1904

Age: Years: 2/11; Months; Days

Sex: Female

Color or Race: Negro

Birthplace: Poolesville Md

Occupation:

Where Residing if not at place of death: Poolesville

Married, Single or Widowed:

Name of Wife or Husband: Nelson Prater

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Peter Browne

Father's Birthplace: Md

Mother's Maiden Name: Christie

Mother's Birthplace: Md

Name of person giving Imformation: Mary Tyler

How related to deceased: niece

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Rheumatism

How long: 3 months

Immediate: General debility

How long: 1 week

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Richard J Gott

Address: Poolesville Md

Accident or Suicide?

LIBRARY OF THE AMERICAN ACADEMY

Name in full: William Prather

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Germantown; County: Montgomery

Date of death: Month: July; Day: 17; 1904

Age: Years: 23; Months: —; Days: —

Sex: Male

Color or Race: Colored

Birthplace: Md —

Occupation: Laborer

Where Residing if not at place of death: —

Married, Single or Widowed: Single

Name of Wife or Husband: —

Father's Name: Henry Prather

Father's Birthplace: Md —

Mother's Maiden Name: Ellen Davis

Mother's Birthplace: Md —

Name of person giving Information: Girtie Prather

How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Typhoid Fever

How long: about 3 weeks

Immediate: Peritonitis, Perforation

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. B. Haddon

Address: Gaithersburg, Md.

Accident or Suicide?

LIBRARY BUREAU A8801G

Name in Full

Elias Price

Certificate of Death

Died at Town: Poolesville County: Montgomery MARYLAND

Date 1904 Month: July Day: 24 | Age Y. 64 M. 5 D. 10 | Native of Md | Occupation Merchant

Male ~~Female~~ | ~~White~~ Colored ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower ~~Widower~~ | ~~Divorced~~ | Number of children living 8

Husband of Wife Fannie Carlisle

Father's Name Daniel Price Mother's Maiden Name Sarah Howard

Cause of Death: Primary

Immediate Organic Heart Disease — How long sick 6 weeks

~~Accident, Suicide, Homicide~~

Reported by B. W. Walker M. D.

Address Poolesville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Name in Full: Wm Thomas. Redden.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cropley County: Montg

Date of death 1920 July 25th

Age: Years 58 Months X Days X

Sex: Male Color or Race: White Birthplace: Wash' D.C.

Occupation: Merchant Where Residing If not at place of death: X

Married, Single or Widowed: Married Name of Wife or Husband: Isabella R. Redden.

Father's Name: X Father's Birthplace: X

Mother's Maiden Name: X Mother's Birthplace: X

Name of person giving Imformation: Oliver J. Redden How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Bright's Disease, Chronic. How long: X ?

Immediate: Uraemia How long: 8 days.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: N J Pratt. M.D.

Address: Potomac Md.

Accident or Suicide? X

LIBRARY BUREAU A88013

Name in Full: Mary K. Rich

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Burtonsville — County: Montgomery Co.

Date of death: 1904 July 10

Age: Years — Months: 5 — Days: 9

Sex: female

Color or Race: white

Birthplace: Burtonsville

Occupation: baby

Where Residing if not at place of death: at place of death

Married, Single or Widowed: single

Name of Wife or Husband:

Father's Name: Walter K. Rich

Father's Birthplace: Burtonsville

Mother's Maiden Name: Lucy Burton

Mother's Birthplace: Burtonsville

Name of person giving Information: Walter K. Rich

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Marasmus

How long: 2 weeks

Immediate: Convulsions

How long: 1 day

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: T. Bryan Laurel Md

Address:

Accident or Suicide?

LIBRARY BUREAU A66016

Name in Full: Louis Dellman

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Comus; County: Montgomery

Date of death 1904: Month: July; Day: 22

Age: Years: 42; Months: —; Days: —

Sex: Male

Color or Race: White

Birth-place: Barnesville

Married, Single or Widowed: Single

Occupation: Farmer

Name of Wife or Husband: —

Father's Neme: William Dellman

Father's Birthplace: Barnesville

Mother's Maiden Name: Anne Poole

Mother's Birthplace: Poolesville

Name of person giving In formation: F. P. Hays

How related to deceased: Cousin

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary:

How long: ~~Not Written~~

Immediete: Apoplexy

How long: Found dead in bed

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: H. Kinsdrel

Address: Barnesville Md

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full

Certificate of Death

Elmer Smith

Town

Died at Bethesda

County

Montgomery

MARYLAND

Date 1904 Month July Day 27

Age Y. 7 M. 6 D. 18

Native of D C

Occupation

~~Male~~ Female

White ~~Colored~~

~~Married~~ Single

~~Widow~~ ~~Widower~~

~~Divorced~~

~~Number of children living~~

Husband of

Wife

Father's Name unknown

Mother's Name unknown

Cause of Death: Primary Malnutrition

Immediate Exhaustion

151

How long sick ?

Accident, Suicide, Homicide

Reported by J B Duncan M.D.

Address 1730 I St. N.W.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988

Name in Full: Ethel L. Turner

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Blair Road near Woodburn — County: Md.

Date of death 1904	Month	Day	Age	Years	Months	Days
	July	19		1	4	8

Sex: F — Color or Race: W — Birthplace: Md.

Married, Single or Widowed: — Occupation:

Name of Wife or Husband: —

Father's Name: Frank Turner — Father's Birthplace: Md

Mother's Maiden Name: Eliza E. Clark — Mother's Birthplace: Md

Name of person giving information: Henry D. Clark — How related to deceased: Uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: 105 — How long:

Immediate: Entero-Colitis — How long: 3 weeks

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Alfred T. Parsons

Address: Takoma Park, Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Turner

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Brookeville — County: Montgomery

Date of death 1904 — Month: July — Day: 16 — Age: Years — Months — Days: 2.

Sex: Male — Color or Race: Colored — Birthplace: Brookeville Md.

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Illegitimate — Father's Birthplace: —

Mother's Maiden Name: Eliza Turner — Mother's Birthplace: Montg. Co. Md.

Name of person giving Information: Sylva Pratt — How related to deceased: Grandmother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Convulsions — How long: About 2 days

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? As far as known, No physician in attendance.

Signature of Physician: Chas. Farquhar. M. D.

Address: Olney, Md.

Accident or Suicide?

LIBRARY BUREAU A28816

Name in Full: Raymond Ward

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Barnesville; County: Montgomery

Date of death 1904: Month: 7; Day: 29

Age: Years: 1; Months: 6; Days: —

Sex: Male

Color or Race: White

Birthplace: Barnesville

Married, Single or Widowed: —

Occupation: —

Name of Wife or Husband: —

Father's Name: Silas Ward

Father's Birthplace: Barnesville

Mother's Maiden Name: Rose Morning Star

Mother's Birthplace: Buck Lodge

Name of person giving Information:

How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Meningitis

How long: 5 days

Immediate: Convulsions

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. H. Linthicum & Co

Address: Barnesville Md

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Herbert L. Whipp

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rockville — County: Montgomery

Date of death 1904 — Month: 7 — Day: 18 — Age: Years: 1 — Months: 3 — Days:

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male — Color or Race: White — Birthplace: Maryland

Married, Single or Widowed: Single — Occupation: None

Name of Wife or Husband:

Father's Name: William C. Whipp — Father's Birthplace: Maryland

Mother's Maiden Name: Don't Know — Mother's Birthplace: Maryland

Name of person giving information: W. R. Dumphrey — How related to deceased: Not at all

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Milk Poisoning — How long: Two months

Immediate: Cholera infantum — How long: One day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Edward Anderson M. D.

Address: Rockville, Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: M. Harold Whipp

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: near Rockville; County: Montgomery

Date of death 1904: Month: 7; Day: 19

Age: Years: —; Months: 3; Days:

Sex: Male

Color or Race: White

Birthplace: Maryland

Married, Single or Widowed: Single

Occupation:

Neme of Wife or Husband: Nobody

Father's Name: William R. Whipp

Father's Birthplace: Maryland

Mother's Maiden Name: Don't Know

Mother's Birthplace: Maryland

Name of person giving In formation: W. R. Dumphrey

How related to deceased: Not at all

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Milk poisoning

How long: Two months

Immediete: Cholera infantum

How long: Two days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Edward Anderson M.D.,

Address: Rockville Md.

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Katharine White

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Barnesville — County: Montgomery

Date of death 1904 — Month: July — Day: 20

Age — Years: 2 — Months: 2 — Days: —

Sex: Female — Color or Race: white — Birthplace: Barnesville

Married, Single or Widowed: Single — Occupation: none

Name of Wife or Husband: —

Father's Name: Harry C White — Father's Birthplace: Rockville

Mother's Maiden Name: Elizabeth Brown — Mother's Birthplace: Pennsylvania

Name of person giving In formation: Harry Brown — How related to deceased: Friend Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Appendicitis — How long: ten days

Immediate: Exhaustion — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J H Stonestreet

Address: Barnesville Maryland

Accident or Suicide?

LIBRARY BUREAU A38516